

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

PB

In re application of:)
Timothy B. Hansen and James M. McNally)
)
Serial No : 10/003 669	` `

10/4/03

Serial No.: 10/003,668

Examiner: Max Noori

Filed: October 22, 2001

Art Unit: 2881

For: Irradiation Apparatus and Method

Conf. No. 5329

Attorney Docket No.: HAN001

September 17, 2003

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Amendment

Dear Sir:

In response to the office action dated June 18, 2003, please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims beginning on page 2 of this paper.

Remarks begin on page 8 of this paper.

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7 7. 2003 E	no persons	are required to respond to a collec-	tent and Tr	Approved for use through 08/30/2003. OMB 0651-0031 ademark Office; U.S. DEPARTMENT OF COMMERCE ormation unless it displays a valid OMB control number
TRANSMITTAL FORM		Application Number Filing Date First Named Inventor		,668 er 22, 2001 n, Timothy B.
(to be used for all correspondence after initial fi	iling)	Art Unit Examiner Name	2881 Noori,	Max
Total Number of Pages in This Submission	16	Attorney Docket Number	HAN00	01
	ENCL	OSURES (Check all th	hat apply	After Allowance communication
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement		Orawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s)		to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): PTO/SB/06 Fee Det. Record
Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Remar	ks		SEP 29 200 RECHROLOGY CENTE
	TURE O	F APPLICANT, ATTOR	NEY, C	DR AGENT

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Typed or printed name John J. Fry Signature Date John J. Sep 03

CERTIFICATE OF TRANSMISSION/MAILING

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PTO/SB/17 (08-03) SEP 2 2 2003 Approved for use through 07/3 /200 . OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE THAT & TRA the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known **FEE TRANSMITTAL** 10/003,668 Application Number October 22, 2001 Filing Date for FY 2003 First Named Inventor Hansen, Timothy B. Effective 01/01/2003. Patent fees are subject to annual revision. **Examiner Name** Noori, Max ✓ Applicant claims small entity status. See 37 CFR 1.27 2881 Art Unit $\sqrt{2}$ 1 (\$) 351.00 TOTAL AMOUNT OF PAYMENT **HAN001** Attorney Docket No FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES Money ✔ Check ☐ Credit card Other None Large Entity | Small Entity Deposit Account: Fee Fee **Fee Description** <u>Fee Paid</u> Code Code Deposit (\$) Account 2051 65 Surcharge - late filing fee or oath 1051 130 Number Surcharge - late provisional filing fee or 2052 25 Deposit 1052 50 cover sheet Account Name 130 Non-English specification 1053 130 1053 The Director is authorized to: (check all that apply) 1812 2,520 For filing a request for ex parte reexamination 1812 2.520 Credit any overpayments Charge fee(s) indicated below 920* Requesting publication of SIR prior to 1804 920 1804 Charge any additional fee(s) during the pendency of this application Examiner action Requesting publication of SIR after Examiner action Charge fee(s) indicated below, except for the filing fee 1805 1,8401 1805 1.840* to the above-identified deposit account. Extension for reply within first month 2251 1251 110 55 **FEE CALCULATION** Extension for reply within second month 205 1252 410 2252 1. BASIC FILING FEE 1253 930 2253 465 Extension for reply within third month arge Entity **Small Entity** Fee Paid Fee Fee Code (\$) Fee Description 1254 1,450 2254 725 Extension for reply within fourth month Fee Fee Code (\$) 985 Extension for reply within fifth month 1,970 2255 1255 Utility filing fee 2001 375 1001 750 1401 320 2401 160 Notice of Appeal 2002 165 Design filing fee 1002 330 160 Filing a brief in support of an appeal 1402 320 2402 2003 Plant filing fee 1003 520 260 140 Request for oral hearing 1403 280 2403 2004 375 Reissue filing fee 1004 750 1451 1,510 Petition to institute a public use proceeding 1451 1.510 80 Provisional filing fee 2005 1005 160 55 Petition to revive - unavoidable 110 2452 1452 **SUBTOTAL (1) | (\$)** 1,300 1453 2453 650 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,300 2501 650 Utility issue fee (or reissue) Fee from Extra Claims Fee Paid 1502 470 2502 235 Design issue fee below 99 • <u>=</u> |11 **Total Claims** x [9 1503 630 2503 315 Plant issue fee Independent 252 10 X 1460 130 1460 130 Petitions to the Commissioner Claims Multiple Dependent 351 50 Processing fee under 37 CFR 1.17(q) 1807 50 1807 Large Entity Small Entity 180 Submission of Information Disclosure Stmt 1806 180 1806 40 Recording each patent assignment per Fee Description Fee Fee Fee Code (\$) Code (\$) 8021 40 8021 property (times number of properties) Claims in excess of 20 1202 2202 9 18 375 Filing a submission after final rejection 750 2809 1809 Independent claims in excess of 3 (37 ČFR 1.129(a)) 2201 42 1201 84 Multiple dependent claim, if not paid 375 For each additional invention to be 2810 1203 280 2203 140 1810 750 examined (37 CFR 1.129(b)) ** Reissue independent claims 42 1204 84 2204 375 Request for Continued Examination (RCE) 750 2801 over original patent 1801 Request for expedited examination 1802 900 1802 Reissue claims in excess of 20 1205 18 2205 9 of a design application and over original patent Other fee (specify) (\$) 351.00 SUBTOTAL (2) *Reduced by Basic Filing Fee Paid (\$) SUBTOTAL (3) **or number previously paid, if greater; For Reissues, see above (Complete (if applicable)) SUBMITTED BY Registration No. Telephone 440,256,5710 35,873 Name (Print/Type) John J. Frv (Attorney/Agent)

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17 Sep 03

PTO/SB/06 (08-03) Approved for use through 7/31/2006. OMB 0651-0032

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED -- PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FEE NUMBER FILED NUMBER EXTRA RATE FEE RATE FOR BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS X S (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS 4 minus 3 X \$ OR = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = OR TOTAL TOTAL If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY (Column 2) (Column 3) SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT RATE RATÉ ADDI-⋖ ADDI-REMAINING NUMBER TIONAL ENT PREVIOUSLY **EXTRA** TIONAL **AFTER** FEE FEE <u>AMENDMENT</u> PAID FOR Minus ENDME Total 9 99 38 2 OR (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) x s42 = 252 6 10 X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 351.00 OR ADD'L FEE ADD'L FEE

		(Column 1)		(Column 2)	(Column 3)
:NT B	"	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total (37 CFR 1.18(c))	•	Minus	**	n
EN	Independent (37 CFR 1.16(b))	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDI- TIONAL FEE		
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x \$=		OR	,
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TOTAL ADD'L FEE		OR	,

	RATE	ADDI- TIONAL FEE
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		(Column 1)		(Column 2)	(Column 3)
INT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
AMENDMENT	Total (37 CFR 1.16(c))	,	Minus	**	=
EN	Independent (37 CFR 1.16(b))	•	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
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ADDI- TIONAL FEE	
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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".